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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

PY1104-CPLR
09/982,507

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$370	OR		$___
TOTAL CLAIMS (37 CFR 1.16(c))	49 minus 20 =	* 29	x $9 =	261	OR	x $___ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4 minus 3 =	* 1	x 42 =	42	OR	x ___ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ ___ =	0	OR	+ ___ =	
			TOTAL	673	OR	TOTAL	

* If the difference in column 1 is less then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
AMENDMENT A	Total (37 CFR 1.16(c))	* 52	Minus	** 49	= 3	x $9 =	27	OR	x $___ =	
	Independent (37 CFR 1.16(b))	* 5	Minus	*** 4	= 1	x 1 =	42	OR	x ___ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 0 =	0	OR	+ ___ =	
						TOTAL ADDIT. FEE	69	OR	TOTAL ADDIT. FEE	

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
AMENDMENT B	Total (37 CFR 1.16(c))	*	Minus	**	=	x $___ =		OR	x $___ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ___ =		OR	x ___ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ___ =		OR	+ ___ =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
AMENDMENT C	Total (37 CFR 1.16(c))	*	Minus	**	=	x $___ =		OR	x $___ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x ___ =		OR	x ___ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ ___ =		OR	+ ___ =	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.